

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS	64861	4/15
O.I.P.E. CLASSIFIER		50419	4/29/99
FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	1	✓
2	2	2	✓
3	5	5	✓
4	6	6	✓
5	7	7	✓
6	8	8	✓
7	9	9	✓
8	10	10	✓
9	11	11	✓
10	12	12	✓
11	13	13	✓
12	14	14	✓
13	15	15	✓
14	16	16	✓
15	17	17	✓
16	18	18	✓
17	19	19	✓
18	20	20	✓
19	21	21	✓
20	22	22	✓
21	23	23	✓
22	24	24	✓
23	25	25	✓
24	26	26	✓
25	27	27	✓
26	28	28	✓
27	29	29	✓
28	30	30	✓
29	31	31	✓
30	32	32	✓
31	33	33	✓
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35	37	37	✓
36	38	38	✓
37	39	39	✓
38	40	40	✓
39	41	41	✓
40	42	42	✓
41	43	43	✓
42	44	44	✓
43	45	45	✓
44	46	46	✓
45	47	47	✓
46	48	48	✓
47	49	49	✓
48	50	50	✓

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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